



MS AF
REPLY UNDER 37 C.F.R. § 1.116
EXPEDITED PROCEDURE
EXAMINING GROUP

AF
Jfw

AMENDMENT TRANSMITTAL LETTER				Docket No. 1110-0307P																																										
Application No. 10/084,139-Conf. #7006	Filing Date February 28, 2002	Examiner E. B. O'Hara	Art Unit 1646																																											
Applicant(s): Shigekazu NAGATA et al.																																														
Invention: PROPHYLACTIC/THERAPEUTIC AGENT																																														
<p>MS AF Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450</p> <p>Transmitted herewith is an amendment in the above-identified application. The fee has been calculated and is transmitted as shown below.</p>																																														
<table border="1"><thead><tr><th colspan="6">CLAIMS AS AMENDED</th></tr><tr><th></th><th>Claims Remaining After Amendment</th><th>Highest Number Previously Paid</th><th>Number Extra Claims Present</th><th>Rate</th><th></th></tr></thead><tbody><tr><td>Total Claims</td><td>15</td><td>- 20 =</td><td></td><td>x</td><td></td></tr><tr><td>Independent Claims</td><td>5</td><td>- 6 =</td><td></td><td>x</td><td></td></tr><tr><td colspan="5">Multiple Dependent Claims (check if applicable) <input type="checkbox"/></td><td></td></tr><tr><td colspan="5">Other fee (please specify):</td><td></td></tr><tr><td colspan="5">TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:</td><td>0.00</td></tr></tbody></table>					CLAIMS AS AMENDED							Claims Remaining After Amendment	Highest Number Previously Paid	Number Extra Claims Present	Rate		Total Claims	15	- 20 =		x		Independent Claims	5	- 6 =		x		Multiple Dependent Claims (check if applicable) <input type="checkbox"/>						Other fee (please specify):						TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:					0.00
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<p><input checked="" type="checkbox"/> Large Entity <input type="checkbox"/> Small Entity</p> <p><input type="checkbox"/> No additional fee is required for this amendment.</p> <p><input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of \$ _____. A duplicate copy of this sheet is enclosed.</p> <p><input type="checkbox"/> A check in the amount of \$ _____ is enclosed.</p> <p><input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.</p> <p><input checked="" type="checkbox"/> The Director is hereby authorized to charge and credit Deposit Account No. 02-2448 as described below. A duplicate copy of this sheet is enclosed.</p> <p><input type="checkbox"/> Credit any overpayment.</p> <p><input type="checkbox"/> Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.17.</p>																																														
<p><i>MaryAnne Armstrong, Ph.D.</i> Dated: May 9, 2006</p> <p>MaryAnne Armstrong, Ph.D. Attorney Reg. No.: 40,069</p> <p>BIRCH, STEWART, KOLASCH & BIRCH, LLP 8110 Gatehouse Road Suite 100 East P.O. Box 747 Falls Church, Virginia 22040-0747 (703) 205-8000</p>																																														



Docket No.: 1110-0307P
(PATENT)

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Patent Application of:
Shigekazu NAGATA et al.

Application No.: 10/084,139

Confirmation No.: 7006

Filed: February 28, 2002

Art Unit: 1646

For: PROPHYLACTIC/THERAPEUTIC AGENT

Examiner: E. B. O'Hara

AMENDMENT AFTER FINAL ACTION UNDER 37 C.F.R. 1.116

MS AF
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

In response to the Office Action dated February 9, 2006, finally rejecting claims 8 and 18, the following amendments and Remarks are respectfully submitted.

Amendments to the Claims are reflected in the listing of claims which begins on page 2 of this paper.

Remarks/Arguments begin on page 5 of this paper.